

Filing Status ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)
 Check only one box. If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent.

Your first name and middle initial ALPHONSO		Last name WOODS JR		Your social security number 219-98-7164	
If joint return, spouse's first name and middle initial CHRISTINE		Last name WOODS		Spouse's social security number 217-25-5007	
Home address (number and street). If you have a P.O. box, see instructions. 7901 EAST BARRETT ROAD				Apt. no.	
City, town or post office. If you have a foreign address, also complete spaces below. FORT WASHINGTON				State MD	
				ZIP code 20744	
Foreign country name		Foreign province/state/county		Foreign postal code	
				Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse	

At anytime during 2020, did you receive, sell, send, exchange, or otherwise acquire financial interest in any virtual currency? ☒ Yes ☐ No

Standard Deduction Someone can claim: ☐ You as a dependent ☐ Your spouse as a dependent
☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness You: ☐ Were born before January 2, 1956 ☐ Are blind Spouse: ☐ Was born before January 2, 1956 ☐ Is blind

Dependents (see instructions):

(1) First name Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see instructions):	Child tax credit	Credit for other dependents
ANGEL C WOODS	217-73-5501	Daughter	<input checked="" type="checkbox"/>		

Attach Sch. B if required. Standard Deduction for— • Single or Married filing separately, \$12,400 • Married filing jointly or Qualifying widow(er), \$24,800 • Head of household, \$18,650 • If you checked any box under Standard Deduction, see instructions.	<table style="width:100%;"> <tr> <td style="width:50%;"> 1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5a Pensions and annuities 6a Soc. sec. ben. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions c Add line 10a and 10b. These are your total adjustments to income 11 Subtract line 10c from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0- </td> <td style="width:50%;"> <table style="width:100%;"> <tr><td>1</td><td style="text-align: right;">67,134</td></tr> <tr><td>2b</td><td style="text-align: right;">46</td></tr> <tr><td>3b</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>5b</td><td style="text-align: right;">29,607</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>7</td><td style="text-align: right;">593</td></tr> <tr><td>8</td><td style="text-align: right;">20,410</td></tr> <tr><td>9</td><td style="text-align: right;">117,790</td></tr> <tr><td>10a</td><td style="text-align: right;">0</td></tr> <tr><td>10b</td><td style="text-align: right;">300</td></tr> <tr><td>10c</td><td style="text-align: right;">300</td></tr> <tr><td>11</td><td style="text-align: right;">117,490</td></tr> <tr><td>12</td><td style="text-align: right;">24,800</td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td style="text-align: right;">24,800</td></tr> <tr><td>15</td><td style="text-align: right;">92,690</td></tr> </table> </td> </tr> </table>	1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5a Pensions and annuities 6a Soc. sec. ben. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions c Add line 10a and 10b. These are your total adjustments to income 11 Subtract line 10c from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	<table style="width:100%;"> <tr><td>1</td><td style="text-align: right;">67,134</td></tr> <tr><td>2b</td><td style="text-align: right;">46</td></tr> <tr><td>3b</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>5b</td><td style="text-align: right;">29,607</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>7</td><td style="text-align: right;">593</td></tr> <tr><td>8</td><td style="text-align: right;">20,410</td></tr> <tr><td>9</td><td style="text-align: right;">117,790</td></tr> <tr><td>10a</td><td style="text-align: right;">0</td></tr> <tr><td>10b</td><td style="text-align: right;">300</td></tr> <tr><td>10c</td><td style="text-align: right;">300</td></tr> <tr><td>11</td><td style="text-align: right;">117,490</td></tr> <tr><td>12</td><td style="text-align: right;">24,800</td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td style="text-align: right;">24,800</td></tr> <tr><td>15</td><td style="text-align: right;">92,690</td></tr> </table>	1	67,134	2b	46	3b		4b		5b	29,607	6b		7	593	8	20,410	9	117,790	10a	0	10b	300	10c	300	11	117,490	12	24,800	13		14	24,800	15	92,690
1 Wages, salaries, tips, etc. Attach Form(s) W-2 2a Tax-exempt interest 3a Qualified dividends 4a IRA distributions 5a Pensions and annuities 6a Soc. sec. ben. 7 Capital gain or (loss). Attach Schedule D if required. If not required, check here <input type="checkbox"/> 8 Other income from Schedule 1, line 9 9 Add lines 1, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income 10 Adjustments to income: a From Schedule 1, line 22 b Charitable contributions if you take the standard deduction. See instructions c Add line 10a and 10b. These are your total adjustments to income 11 Subtract line 10c from line 9. This is your adjusted gross income 12 Standard deduction or itemized deductions (from Schedule A) 13 Qualified business income deduction. Attach Form 8995 or Form 8995-A 14 Add lines 12 and 13 15 Taxable income. Subtract line 14 from line 11. If zero or less, enter -0-	<table style="width:100%;"> <tr><td>1</td><td style="text-align: right;">67,134</td></tr> <tr><td>2b</td><td style="text-align: right;">46</td></tr> <tr><td>3b</td><td></td></tr> <tr><td>4b</td><td></td></tr> <tr><td>5b</td><td style="text-align: right;">29,607</td></tr> <tr><td>6b</td><td></td></tr> <tr><td>7</td><td style="text-align: right;">593</td></tr> <tr><td>8</td><td style="text-align: right;">20,410</td></tr> <tr><td>9</td><td style="text-align: right;">117,790</td></tr> <tr><td>10a</td><td style="text-align: right;">0</td></tr> <tr><td>10b</td><td style="text-align: right;">300</td></tr> <tr><td>10c</td><td style="text-align: right;">300</td></tr> <tr><td>11</td><td style="text-align: right;">117,490</td></tr> <tr><td>12</td><td style="text-align: right;">24,800</td></tr> <tr><td>13</td><td></td></tr> <tr><td>14</td><td style="text-align: right;">24,800</td></tr> <tr><td>15</td><td style="text-align: right;">92,690</td></tr> </table>	1	67,134	2b	46	3b		4b		5b	29,607	6b		7	593	8	20,410	9	117,790	10a	0	10b	300	10c	300	11	117,490	12	24,800	13		14	24,800	15	92,690		
1	67,134																																				
2b	46																																				
3b																																					
4b																																					
5b	29,607																																				
6b																																					
7	593																																				
8	20,410																																				
9	117,790																																				
10a	0																																				
10b	300																																				
10c	300																																				
11	117,490																																				
12	24,800																																				
13																																					
14	24,800																																				
15	92,690																																				

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form **1040** (2020)

16	Tax (see instructions). Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 <input type="checkbox"/> 3	16	11,969
17	Amount from Schedule 2, line 3	17	
18	Add lines 16 and 17	18	11,969
19	Child tax credit or credit for other dependents	19	2,000
20	Amount from Schedule 3, line 7	20	
21	Add lines 19 and 20	21	2,000
22	Subtract line 21 from line 18. If zero or less, enter -0-	22	9,969
23	Other taxes, including self-employment tax, from Schedule 2, line 10	23	
24	Add lines 22 and 23. This is your total tax	24	9,969
25	Federal income tax withheld from:		
a	Form(s) W-2	25a	7,257
b	Form(s) 1099	25b	20,891
c	Other forms (see instructions)	25c	
d	Add lines 25a through 25c	25d	28,148
26	2020 estimated tax payments and amount applied from 2019 return.	26	
27	Earned income credit (EIC)	27	
28	Additional child tax credit. Attach Schedule 8812	28	
29	American opportunity credit from Form 8863, line 8	29	
30	Recovery rebate credit. See instructions	30	0
31	Amount from Schedule 3, line 13	31	
32	Add lines 27 through 31. These are your total other payments and refundable credits	32	
33	Add lines 25d, 26, and 32. These are your total payments	33	28,148
34	If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you overpaid	34	18,179
35a	Amount of line 34 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	35a	18,179
b	Routing number 054001204	c	Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
d	Account number 001918481105		
36	Amount of line 34 you want applied to your 2021 estimated tax	36	
37	Subtract line 33 from line 24. This is the amount you owe now Note: Schedule H and Schedule SE filers, line 37 may not represent all of the taxes you owe for 2020. See Schedule 3, line 12e, and its instructions for details.	37	
38	Estimated tax penalty (see instructions)	38	

Refund

Direct deposit?
See instructions

Amount You Owe

For details on
how to pay, see
instructions.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See

instructions

☒ Yes. Complete below.☐ No

Designee's

Phone

Personal identification number

name ▶ Yoav Katz

no ▶ 301-951-8700

(PIN) ▶ 46413

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Date

Your occupation

WAREHOUSE EMPLOYEE

If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

Spouse's signature. If a joint return, both must sign.

Date

Spouse's occupation

ADMIN ASST

If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no.

Email address

Preparer's name

Preparer's signature

Date

PTIN

Check if:

Paid

Yoav Katz

Yoav Katz

08/04/21

P01057947

☐ Self-employed

Preparer

Firm's name ▶ Katz & Co., P.A.

Phone no. 301-951-8700

Use Only

4641 Montgomery Ave Ste 200

Firm's address ▶ Bethesda MD 20814

Firm's EIN ▶ 52-1260827

Go to www.irs.gov/Form1040 for instructions and the latest information.

Form 1040 (2020)

SCHEDULE 1
(Form 1040)

Department of the Treasury
Internal Revenue Service

Additional Income and Adjustments to Income

▶ Attach to Form 1040, 1040-SR, or 1040-NR.
▶ Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

2020

Attachment
Sequence No. 01

Name(s) shown on Form 1040, 1040-SR, or 1040-NR

ALPHONSO WOODS JR & CHRISTINE WOODS

Your social security number

219-98-7164

Part I Additional Income

1	Taxable refunds, credits, or offsets of state and local income taxes	1	
2a	Alimony received	2a	
b	Date of original divorce or separation agreement (see instructions) ▶		
3	Business income or (loss). Attach Schedule C	3	-1,280
4	Other gains or (losses). Attach Form 4797	4	
5	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	5	
6	Farm income or (loss). Attach Schedule F	6	
7	Unemployment compensation	7	42,090
8	Other income. List type and amount ▶ UCE	8	-20,400
9	Combine lines 1 through 8. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 8	9	20,410

Part II Adjustments to Income

10	Educator expenses	10	
11	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106	11	
12	Health savings account deduction. Attach Form 8889	12	
13	Moving expenses for members of the Armed Forces. Attach Form 3903	13	
14	Deductible part of self-employment tax. Attach Schedule SE	14	
15	Self-employed SEP, SIMPLE, and qualified plans	15	
16	Self-employed health insurance deduction	16	
17	Penalty on early withdrawal of savings	17	
18a	Alimony paid	18a	
b	Recipient's SSN		
c	Date of original divorce or separation agreement (see instructions) ▶		
19	IRA deduction	19	
20	Student loan interest deduction	20	
21	Tuition and fees deduction. Attach Form 8917	21	
22	Add lines 10 through 21. These are your adjustments to income. Enter here and on Form 1040, 1040-SR, or 1040-NR, line 10a	22	

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule 1 (Form 1040) 2020

SCHEDULE B
(Form 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2020

Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

► Go to www.irs.gov/ScheduleB for instructions and the latest information.

► Attach to Form 1040 or 1040-SR.

Name(s) shown on return

ALPHONSO WOODS JR & CHRISTINE WOODS

Your social security number

219-98-7164

Part I
Interest

(See instructions
and the
instructions for
Form 1040 and
1040-SR, line 2b.)

Note: If you
received a Form
1099-INT, Form
1099-OID, or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the total interest
shown on that
form.

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see the instructions and list this interest first. Also, show that buyer's social security number and address ►

NAVY FEDERAL CREDIT UNION
SYNCHRONY BANK

Amount

20

26

1

- 2 Add the amounts on line 1

46

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989.
Attach Form 8815

3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040 or 1040-SR,
line 2b

4

46

Note: If line 4 is over \$1,500, you must complete Part III.

Amount

Part II

- 5 List name of payer ►

**Ordinary
Dividends**

(See instructions
and the
instructions for
Form 1040 and
1040-SR, line 3b.)

Note: If you
received a Form
1099-DIV or
substitute
statement from
a brokerage firm,
list the firm's
name as the
payer and enter
the ordinary
dividends shown
on that form.

- 6 Add the amounts on line 5. Enter the total here and on Form 1040 or 1040-SR,
line 3b

5

6

Note: If line 6 is over \$1,500, you must complete Part III.

Part III

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

Yes

No

**Foreign
Accounts
and Trusts**

- 7a At any time during 2020, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions

If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements

- b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ►

- 8 During 2020 did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

X

X

Caution: If
required, failure
to file FinCEN
Form 114 may
result in
substantial
penalties. See
instructions.

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule B (Form 1040) 2020

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service (99)

▶ Go to www.irs.gov/ScheduleC for instructions and the latest information.
▶ Attach to Form 1040, 1040-SR, 1040-NR, or 1041; partnerships generally must file Form 1065.

Attachment
Sequence No. **09**

Name of proprietor

CHRISTINE WOODS

Social security number (SSN)

217-25-5007

A Principal business or profession, including product or service (see instructions)

BOOKKEEPER

B Enter code from instructions

▶ **541219**

C Business name. If no separate business name, leave blank.

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶ **7901 EAST BARRETT ROAD**

City, town or post office, state, and ZIP code **FORT WASHINGTON MD 20744**

F Accounting method: (1) ☒ Cash (2) ☐ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2020? If "No," see instructions for limit on losses

☒ Yes ☐ No

H If you started or acquired this business during 2020, check here

I Did you make any payments in 2020 that would require you to file Form(s) 1099? See instructions

Yes ☐ No ☒

J If "Yes," did you or will you file required Form(s) 1099?

Yes ☐ No ☐

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	6,000
2 Returns and allowances		2	
3 Subtract line 2 from line 1		3	6,000
4 Cost of goods sold (from line 42)		4	
5 Gross profit. Subtract line 4 from line 3		5	6,000
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7 Gross income. Add lines 5 and 6		7	6,000

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8 Advertising	8		18 Office expense (see instructions)	18	
9 Car and truck expenses (see instructions)	9	1,957	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	850
15 Insurance (other than health)	15		23 Taxes and licenses	23	
16 Interest (see instructions):			24 Travel and meals:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals (see instructions)	24b	
17 Legal and professional services	17	435	25 Utilities	25	4,038
			26 Wages (less employment credits)	26	
			27a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	7,280
29 Tentative profit or (loss). Subtract line 28 from line 7	29	-1,280

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method. See instructions.

Simplified method filers only: enter the total square footage of: (a) your home: _____

and (b) the part of your home used for business: _____. Use the Simplified

Method Worksheet in the instructions to figure the amount to enter on line 30

31 Net profit or (loss). Subtract line 30 from line 29.

• If a profit, enter on both **Schedule 1 (Form 1040)**, line 3 and on **Schedule SE**, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041**, line 3.

• If a loss, you must go to line 32.

32 If you have a loss, check the box that describes your investment in this activity. See instructions.

• If you checked 32a, enter the loss on both **Schedule 1 (Form 1040)**, line 3 and on **Schedule SE**, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041**, line 3.

• If you checked 32b, you must attach **Form 6198**. Your loss may be limited.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2020

DAA

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory:	a <input type="checkbox"/> Cost	b <input type="checkbox"/> Lower of cost or market	c <input type="checkbox"/> Other (attach explanation)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation <input type="checkbox"/> Yes <input type="checkbox"/> No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43	When did you place your vehicle in service for business purposes? (month, day, year) ▶	01/01/17
44	Of the total number of miles you drove your vehicle during 2020, enter the number of miles you used your vehicle for:	
a	Business	3,404
b	Commuting (see instructions)	
c	Other	6,596
45	Was your vehicle available for personal use during off-duty hours?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46	Do you (or your spouse) have another vehicle available for personal use?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
47a	Do you have evidence to support your deduction?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," is the evidence written?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

48	Total other expenses. Enter here and on line 27a	48	
----	--	----	--

SCHEDULE D
(Form 1040)Department of the Treasury
Internal Revenue Service (99)**Capital Gains and Losses**

OMB No. 1545-0074

2020Attachment
Sequence No. **12**

- ▶ Attach to Form 1040, 1040-SR, or 1040-NR.
- ▶ Go to www.irs.gov/ScheduleD for instructions and the latest information.
- ▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

Name(s) shown on return

ALPHONSO WOODS JR & CHRISTINE WOODS

Your social security number

219-98-7164Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses — Generally Assets Held One Year or Less (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	868	917	5	-44
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	2,300	1,663	0	637
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on the back			7	593

Part II Long-Term Capital Gains and Losses — Generally Assets Held More Than One Year (see instructions)

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked				
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	
13 Capital gain distributions. See the instructions			13	
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on the back			15	0

For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2020

Part III Summary

16 Combine lines 7 and 15 and enter the result	16	593
<ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 7. Then, go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, 1040-SR, or 1040-NR, line 7. Then go to line 22. 		
17 Are lines 15 and 16 both gains? <input type="checkbox"/> Yes. Go to line 18. <input checked="" type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 If you are required to complete the 28% Rate Gain Worksheet (see instructions), enter the amount, if any, from line 7 of that worksheet	18	
19 If you are required to complete the Unrecaptured Section 1250 Gain Worksheet (see instructions), enter the instructions), enter the amount, if any, from line 18 of that worksheet	19	
20 Are lines 18 and 19 both zero or blank and are you not filing Form 4952? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. Don't complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, 1040-SR, or 1040-NR, line 7, the smaller of: <div style="display: flex; align-items: center;"> <ul style="list-style-type: none"> • The loss on line 16; or • (\$3,000), or if married filing separately, (\$1,500) <div style="margin-left: 10px;"> <div style="border-left: 1px solid black; height: 20px; width: 10px;"></div> <div style="border-left: 1px solid black; height: 20px; width: 10px;"></div> </div> </div> <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p>	21 (
22 Do you have qualified dividends on Form 1040, 1040-SR, or Form 1040-NR, line 3a? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Forms 1040 and 1040-SR, line 16. <input checked="" type="checkbox"/> No. Complete the rest of Form 1040, 1040-SR, or 1040-NR.		

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or taxpayer identification number

ALPHONSO WOODS JR & CHRISTINE WOODS**219-98-7164**

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS

☒ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	Short-term Transactions	Various	Various	1,603	1,322			281
	Short-term Transactions	Various	11/20/20	697	341			356
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶				2,300	1,663		0	637

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

► Go to www.irs.gov/Form8949 for instructions and the latest information.

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2020Attachment
Sequence No. **12A**

Name(s) shown on return

ALPHONSO WOODS JR & CHRISTINE WOODS

Social security number or taxpayer identification number

219-98-7164

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You **must** check Box A, B, or C below. Check **only one box**. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☒ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☐ (C) Short-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from Instructions	(g) Amount of adjustment	
	See Statement 1			868	917		5	-44
2	Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ►			868	917		5	-44

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Investment Interest Expense Deduction▶ Go to www.irs.gov/Form4952 for the latest information.

▶ Attach to your tax return.

2020Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

ALPHONSO WOODS JR & CHRISTINE WOODS**219-98-7164****Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2020 (see instructions)	1	
2	Disallowed investment interest expense from 2019 Form 4952, line 7	2	36
3	Total investment interest expense. Add lines 1 and 2	3	36

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	46	
b	Qualified dividends included on line 4a	4b		
c	Subtract line 4b from line 4a	4c		46
d	Net gain from the disposition of property held for investment	4d		
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e		
f	Subtract line 4e from line 4d	4f		
g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g		
h	Investment income. Add lines 4c, 4f, and 4g	4h		46
5	Investment expenses (see instructions)	5		
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		46

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	36

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2020)

Alt. Min. Tax
Investment Interest Expense Deduction▶ Go to www.irs.gov/Form4952 for the latest information.

▶ Attach to your tax return.

2020Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

ALPHONSO WOODS JR & CHRISTINE WOODS**219-98-7164****Part I Total Investment Interest Expense**

1	Investment interest expense paid or accrued in 2020 (see instructions)	1	
2	Disallowed investment interest expense from 2019 Form 4952, line 7	2	36
3	Total investment interest expense. Add lines 1 and 2	3	36

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	46		
4b	Qualified dividends included on line 4a	4b			
4c	Subtract line 4b from line 4a	4c		46	
4d	Net gain from the disposition of property held for investment	4d			
4e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment. See instructions	4e			
4f	Subtract line 4e from line 4d	4f			
4g	Enter the amount from lines 4b and 4e that you elect to include in investment income. See instructions	4g			
4h	Investment income. Add lines 4c, 4f, and 4g	4h		46	
5	Investment expenses (see instructions)	5			
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		46	

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2021. Subtract line 6 from line 3. If zero or less, enter -0-	7	0
8	Investment interest expense deduction. Enter the smaller of line 3 or line 6. See instructions	8	36

For Paperwork Reduction Act Notice, see page 4.

Form **4952** (2020)

**Qualified Business Income Deduction
Simplified Computation****2020**Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Go to www.irs.gov/Form8995 for instructions and the latest information.Attachment
Sequence No **55**

Name(s) shown on return

ALPHONSO WOODS JR & CHRISTINE WOODS

Your taxpayer identification number

219-98-7164

Note. You can claim the qualified business income deduction **only** if you have qualified business income from a qualified trade or business, real estate investment trust dividends, publicly traded partnership income, or a domestic production activities deduction passed through from an agricultural cooperative. See instructions.

Use this form if your taxable income, before your qualified business income deduction, is at or below \$163,300 (\$326,600 if married filing jointly), and you aren't a patron of an agricultural or horticultural cooperative.

1	(a) Trade, business, or aggregation name	(b) Taxpayer identification number	(c) Qualified business income or (loss)
i	BOOKKEEPER	217-25-5007	-1,280
ii			
iii			
iv			
v			

2	Total qualified business income or (loss). Combine lines 1i through 1v, column (c)	2	-1,280
3	Qualified business net (loss) carryforward from the prior year	3	()
4	Total qualified business income. Combine lines 2 and 3. If zero or less, enter -0-	4	0
5	Qualified business income component. Multiply line 4 by 20% (0.20)	5	
6	Qualified REIT dividends and publicly traded partnership (PTP) income or (loss) (see instructions)	6	
7	Qualified REIT dividends and qualified PTP (loss) carryforward from the prior year	7	()
8	Total qualified REIT dividends and PTP income. Combine lines 6 and 7. If zero or less, enter -0-	8	0
9	REIT and PTP component. Multiply line 8 by 20% (0.20)	9	
10	Qualified business income deduction before the income limitation. Add lines 5 and 9	10	0
11	Taxable income before qualified business income deduction	11	92,690
12	Net capital gain (see instructions)	12	
13	Subtract line 12 from line 11. If zero or less, enter -0-	13	92,690
14	Income limitation. Multiply line 13 by 20% (0.20)	14	18,538
15	Qualified business income deduction Enter the lesser of line 10 or line 14. Also enter this amount on the applicable line of your return ▶	15	0
16	Total qualified business (loss) carryforward. Combine lines 2 and 3. If greater than zero, enter -0-	16	(1,280)
17	Total qualified REIT dividends and PTP (loss) carryforward. Combine lines 6 and 7. If greater than zero, enter -0-	17	()

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8995** (2020)

Paid Preparer's Due Diligence Checklist

Earned Income Credit (EIC), American Opportunity Tax Credit (AOTC),
Child Tax Credit (CTC) (including the Additional Child Tax Credit (ACTC) and
Credit for Other Dependents (ODC)), and Head of Household (HOH) Filing Status

- To be completed by preparer and filed with Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS.
► Go to www.irs.gov/Form8867 for instructions and the latest information.

OMB No. 1545-0074

2020Attachment
Sequence No. **70**Department of the Treasury
Internal Revenue Service

Taxpayer name(s) shown on return

ALPHONSO WOODS JR & CHRISTINE WOODS

Taxpayer identification number

219-98-7164

Enter preparer's name and PTIN

Yoav Katz**P01057947****Part I Due Diligence Requirements**

Please check the appropriate box for the credit(s) and/or HOH filing status claimed on the return and complete the related Parts I-V for the benefit(s) claimed (check all that apply).

☐ EIC ☒ CTC/ACTC/ODC ☐ AOTC ☐ HOH

	Yes	No	N/A
1 Did you complete the return based on information for tax year 2020 provided by the taxpayer or reasonably obtained by you?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 If credits are claimed on the return, did you complete the applicable EIC and/or CTC/ACTC/ODC worksheets found in the Form 1040, 1040-SR, 1040-NR, 1040-PR, or 1040-SS instructions, and/or the AOTC worksheet found in the Form 8863 instructions, or your own worksheet(s) that provides the same information, and all related forms and schedules for each credit claimed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Did you satisfy the knowledge requirement? To meet the knowledge requirement, you must do both of the following.			
• Interview the taxpayer, ask questions, and contemporaneously document the taxpayer's responses to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Review information to determine that the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of any credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Did any information provided by the taxpayer or a third party for use in preparing the return, or information reasonably known to you, appear to be incorrect, incomplete, or inconsistent? (If "Yes," answer questions 4a and 4b. If "No," go to question 5.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
a Did you make reasonable inquiries to determine the correct, complete, and consistent information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you contemporaneously document your inquiries? (Documentation should include the questions you asked, whom you asked, when you asked, the information that was provided, and the impact the information had on your preparation of the return.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Did you satisfy the record retention requirement? To meet the record retention requirement, you must keep a copy of your documentation referenced in 4b, a copy of this Form 8867, a copy of any applicable worksheet(s), a record of how, when, and from whom the information used to prepare Form 8867 and any applicable worksheet(s) was obtained, and a copy of any document(s) provided by the taxpayer that you relied on to determine eligibility for the credit(s) and/or HOH filing status or to figure the amount(s) of the credit(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List those documents provided by the taxpayer, if any, that you relied on:			
Health care provider statement			
6 Did you ask the taxpayer whether he/she could provide documentation to substantiate eligibility for the credit(s) and/or HOH filing status and the amount(s) of any credit(s) claimed on the return if his/her return is selected for audit?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Did you ask the taxpayer if any of these credits were disallowed or reduced in a previous year? (If credits were disallowed or reduced, go to question 7a; if not, go to question 8.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a Did you complete the required recertification Form 8862?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 If the taxpayer is reporting self-employment income, did you ask questions to prepare a complete and correct Schedule C (Form 1040)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For Paperwork Reduction Act Notice, see separate instructions.

Form **8867** (2020)

Part II Due Diligence Questions for Returns Claiming EIC (If the return does not claim EIC, go to Part III.)

	Yes	No	N/A
9a Have you determined that the taxpayer is eligible to claim the EIC for the number of qualifying children claimed, or is eligible to claim the EIC without a qualifying child? (If the taxpayer is claiming the EIC and does not have a qualifying child, go to question 10.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Did you ask the taxpayer if the child lived with the taxpayer for over half of the year, even if the taxpayer has supported the child the entire year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Did you explain to the taxpayer the rules about claiming the EIC when a child is the qualifying child of more than one person (tiebreaker rules)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Due Diligence Questions for Returns Claiming CTC/ACTC/ODC (If the return does not claim CTC, ACTC, or ODC, go to Part IV.)

	Yes	No	N/A
10 Have you determined that each qualifying person for the CTC/ACTC/ODC is the taxpayer's dependent who is a citizen, national, or resident of the United States?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Did you explain to the taxpayer that he/she may not claim the CTC/ACTC if the taxpayer has not lived with the child for over half of the year, even if the taxpayer has supported the child, unless the child's custodial parent has released a claim to exemption for the child?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Did you explain to the taxpayer the rules about claiming the CTC/ACTC/ODC for a child of divorced or separated parents (or parents who live apart), including any requirement to attach a Form 8332 or similar statement to the return?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part IV Due Diligence Questions for Returns Claiming AOTC (If the return does not claim AOTC, go to Part V.)

	Yes	No
13 Did the taxpayer provide substantiation for the credit, such as a Form 1098-T and/or receipts for the qualified tuition and related expenses for the claimed AOTC?	<input type="checkbox"/>	<input type="checkbox"/>

Part V Due Diligence Questions for Claiming HOH (If the return does not claim HOH filing status, go to Part VI.)

	Yes	No
14 Have you determined that the taxpayer was unmarried or considered unmarried on the last day of the tax year and provided more than half of the cost of keeping up a home for the year for a qualifying person?	<input type="checkbox"/>	<input type="checkbox"/>

Part VI Eligibility Certification

► You will have complied with all due diligence requirements for claiming the applicable credit(s) and/or HOH filing status on the return of the taxpayer identified above if you:

- Interview the taxpayer, ask adequate questions, contemporaneously document the taxpayer's responses on the return or in your notes, review adequate information to determine if the taxpayer is eligible to claim the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s);
- Complete this Form 8867 truthfully and accurately and complete the actions described in this checklist for any applicable credit(s) claimed and HOH filing status, if claimed;
- Submit Form 8867 in the manner required; and
- Keep all five of the following records for 3 years from the latest of the dates specified in the Form 8867 instructions under *Document Retention*.
 - A copy of this Form 8867.
 - The applicable worksheet(s) or your own worksheet(s) for any credit(s) claimed.
 - Copies of any documents provided by the taxpayer on which you relied to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).
 - A record of how, when, and from whom the information used to prepare this form and the applicable worksheet(s) was obtained.
 - A record of any additional information you relied upon, including questions you asked and the taxpayer's responses, to determine the taxpayer's eligibility for the credit(s) and/or HOH filing status and to figure the amount(s) of the credit(s).

► If you have not complied with all due diligence requirements, you may have to pay a \$540 penalty for each failure to comply related to a claim of an applicable credit or HOH filing status.

	Yes	No
15 Do you certify that all of the answers on this Form 8867 are, to the best of your knowledge, true, correct, and complete?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Qualified 2020 Disaster Retirement Plan Distributions and Repayments

OMB No 1545-0074

2020Department of the Treasury
Internal Revenue Service

(Use for Coronavirus-Related and Other Qualified 2020 Disaster Distributions)

▶ Go to www.irs.gov/Form8915E for instructions and the latest information.

▶ Attach to 2020 Form 1040, 1040-SR, or 1040-NR.

Attachment
Sequence No. **915**

Name. If married, file a separate form for each spouse required to file 2020 Form 8915-E. See instructions.

ALPHONSO**WOODS JR**

Your social security number

219-98-7164Fill in Your Address Only
if You Are Filing This
Form by Itself and Not
With Your Tax Return

Home address (number and street, or P.O. box if mail is not delivered to your home)

Apt. no.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete the spaces below (see instructions).

If this an amended
return, check here ☐

Foreign country name

Foreign province/state/county

Foreign postal code

Before you begin:

- Complete 2020 Form 8915-D, Qualified 2019 Disaster Retirement Plan Distributions and Repayments, and 2020 Form 8915-C, Qualified 2018 Disaster Retirement Plan Distributions and Repayments, if applicable.
- If you completed Part I of 2020 Form 8915-D, or of 2020 Form 8915-C, see the Caution in *Column (a)* in the instructions to figure the amounts for column (a).
- See Table 1 in the instructions for the list of qualified 2020 disasters.
- If you are reporting distributions in Part I for more than one qualified 2020 disaster, see the instructions to determine whether you should use Worksheet 2 to figure the amounts to enter in Part I, column (b), below. If you must use Worksheet 2, check this box ☐

Part I Total Distributions From All Retirement Plans (Including IRAs).**CAUTION**

- For coronavirus, check this box. ☒ Do not enter a disaster name, a disaster beginning date, or an earliest distribution date below. Coronavirus-related distributions can be made on or after January 1, 2020, and before December 31, 2020

- For 2020, qualified 2020 disaster distributions for a disaster other than the coronavirus can be made at any time in 2020 on or after the disaster's beginning date. See instructions.

Compete lines 1 through 4 of the one column
before going to the next column.Disaster name ▶ _____
Disaster beginning date ▶ _____

(a) Total distributions in 2020 (see instructions)	(b) Qualified 2020 disaster distributions made in 2020 (see instructions)	(c) Allocation of column (b) (see instructions)
88,822	88,822	
88,822	88,822	100,000

1 Distributions from retirement plans (other than IRAs)

Date earliest distribution made ▶ _____

2 Distributions from traditional, SEP, and SIMPLE IRAs

Date earliest distribution made ▶ _____

3 Distributions from Roth IRAs

Date earliest distribution made ▶ _____

4 Totals. Add lines 1 through 3 in columns (a) and (b). Complete column (c) if line 4, column (b), is more than \$100,000. Otherwise, leave column (c) blank

5 If you completed column (c), enter the excess of the amount on line 4, column (a), over \$100,000. Otherwise, enter the excess of the amount on line 4, column (a), over the amount on line 4, column (b). Report these distributions under the normal rules in accordance with the instructions for your tax return

5

Part II Qualified 2020 Disaster Distributions From Retirement Plans (Other Than IRAs)

6 If you completed line 1, column (c), enter that amount. Otherwise, enter the amount from line 1, column (b)

6

88,822

7 Enter the applicable cost of distributions, if any. See instructions

7

8 Subtract line 7 from line 6

8

88,822

9 If you elect NOT to spread the taxable amount over 3 years, check this box ☐ and enter the amount from line 8 (see instructions). You must check this box if you check the box on line 17. Otherwise, divide line 8 by 3.0

9

29,607

10 Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions

10

11 Amount subject to tax in 2020. Subtract line 10 from line 9. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b

11

29,607

Before you begin: Complete 2020 Form 8606, Nondeductible IRAs, if required.

Part III Qualified 2020 Disaster Distributions From Traditional, SEP, SIMPLE, and Roth IRAs

12 Did you receive a qualified 2020 disaster distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606?

☐ **Yes.** Go to line 13. ☐ **No.** Skip lines 13 and 14, and go to line 15.

13 Enter the amount, if any, from 2020 Form 8606, line 15b. But if you are entering amounts here and on 2020 Form 8915-D, line 22, or Form 8915-C, line 23, only enter on line 13 the amount on Form 8606, line 15b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 15b

14 Enter the amount, if any, from 2020 Form 8606, line 25b. But if you are entering amounts here and on 2020 Form 8915-D, line 23, or Form 8915-C, line 24, only enter on line 14 the amount on Form 8606, line 25b, attributable to Form 8915-E distributions. See the instructions for Form 8606, line 25b

15 If you completed line 2, column (c), enter that amount. Otherwise, enter the amount from line 2, column (b), if any. Don't include on line 15 any amounts reported on 2020 Form 8606

16 Add lines 13, 14, and 15

17 If you elect NOT to spread the taxable amount over 3 years, check this box ☐ and enter the amount from line 16 (see instructions). You must check this box if you checked the box on line 9. Otherwise, divide line 16 by 3.0

18 Enter the total amount of any repayments you made before filing your 2020 tax return. But don't include any repayments made later than the due date (including extensions) for that return. Don't use this form to report repayments of qualified 2016, 2017, 2018, or 2019 disaster distributions. See instructions

19 **Amount subject to tax in 2020.** Subtract line 18 from line 17. If zero or less, enter -0-. Include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b

Part IV Qualified Distributions for the Purchase or Construction of a Main Home in Qualified 2020 Disaster Areas

Do not complete Part IV if your only disaster was the coronavirus. Complete this part only if in 2020 you received a qualified distribution (as defined in the instructions) that you repaid, in whole or in part, before June 26, 2021. See instructions for allowable repayments. If the qualified distribution was received in 2019, see 2019 qualified distributions under Amending Form 8915-E in the instructions.

Caution: A distribution can't be a qualified distribution for the purchase or construction of a main home unless it is received no more than 180 days before the disaster period begins and no more than 30 days after the disaster period ends.

Disaster name ▶

20 Did you receive a qualified distribution from a traditional, SEP, SIMPLE, or Roth IRA that is required to be reported on 2020 Form 8606?

☐ **Yes.** Complete lines 21 through 25 only if you also had qualified distributions not required to be reported on 2020 Form 8606.

☐ **No.** Go to line 21.

21 Enter the total amount of qualified distributions you received in 2020 for the purchase or construction of a main home. Don't include any amounts reported on 2020 Form 8606. Also, don't include any distributions you reported on line 6 or line 15, or on 2020 Form 8915-C or 2020 Form 8915-D, if any. See instructions

22 Enter the applicable cost of distributions, if any. See instructions

23 Subtract line 22 from line 21

24 Enter the total amount of any repayments you made. See instructions for allowable repayments. Don't include any repayments treated as rollovers on 2020 Form 8606. See instructions

25 **Taxable amount.** Subtract line 24 from line 23

- If the distribution is from an IRA, include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 4b.
- If the distribution is from a retirement plan (other than an IRA), include this amount in the total on 2020 Form 1040, 1040-SR, or 1040-NR, line 5b.

Note: You may be subject to an additional tax on the amount on line 25. See instructions.

Sign Here Only if You Are Filing This Form by Itself and Not With Your Tax Return

Under penalties of perjury, I declare that I have examined this form, including accompanying attachments, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Your signature

▶ Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed PTIN

Firm's name ▶

Firm's EIN ▶

Firm's address ▶

Phone no

Federal Statements

Statement 1 - Form 8949 - Sales and Other Dispositions of Capital Assets Part I -
Short-Term

Description of Property	Date Acquired	Date Sold	Proceeds (Sales Price)	Cost/Basis	Codes for Col (g)	Amount of Adjustment	Gain or (Loss)
ZOOM VIDEO COMMUNICATIONS	5/29/20	8/17/20	\$ 21	\$ 20			1
3M CO	7/07/20	8/17/20	52	50			2
BOEING CO	6/29/20	8/17/20	24	25			-1
UBER TECHNOLOGIES	7/06/20	8/17/20	45	50			5
NETFLIX INC	7/17/20	8/17/20	97	100			3
UNITED AIRLINES	6/29/20	8/17/20	25	25			
ZOOM VIDEO COMMUNICATIONS	9/10/20	10/30/20	29	25			4
NIKOLA CORP	9/22/20	10/22/20	23	30			7
PELOTON INTERACTIVE	8/03/20	8/21/20	20	20			
PELOTON INTERACTIVE	Various	10/30/20	88	85			3
ALPHABET INC CL C	Various	9/21/20	18	20			-2
AMAZON COM INC	Various	10/30/20	42	45 W		3	
DISNEY WALT CO	6/29/20	8/21/20	6	5			1
COCA COLA CO	6/29/20	8/21/20	5	5			
ALIBABA GROUP HLDG LTD SPON ADR	Various	12/29/20	23	25			-2
HONEYWELL INT'L	9/01/20	10/30/20	25	25			
UNDER ARMOUR CLA	6/29/20	8/21/20	5	5			
FACEBOOK INC	Various	9/21/20	33	35			-2
INVESCO QQQ TRUST INIT SER 1	9/14/20	9/21/20	12	12			
NEXSTAR MEDIA GROUP	8/18/20	10/22/20	25	25			
TESLA INC	Various	12/04/20	46	73			-27
APPLE INC	6/29/20	9/21/20	6	4			2
CHIPOTLE MEXICAN GRILL	8/03/20	8/21/20	11	10			1
AMERICAN AIRLS GROUP	6/29/20	8/21/20	5	5			
INOVIO PHARMACEUTICALS INC	9/14/20	10/30/20	13	15			2

Federal Statements

**Statement 1 - Form 8949 - Sales and Other Dispositions of Capital Assets Part I -
Short-Term (continued)**

Description of Property								
	Date Acquired	Date Sold	Proceeds (Sales Price)	Cost/ Basis	Codes for Col (g)	Amount of Adjustment	Gain or (Loss)	
SONY CORP ADR	10/29/20	10/30/20	\$ 49	\$ 51	W	\$ 1	\$ 1	
NETFLIX INC	8/18/20	9/21/20	24	25				-1
NIKE INC	Various	9/10/20	18	15				3
DRAFTKINGS INC	Various	10/15/20	67	76	W	1		-8
VERIZON COMMUN INC	7/06/20	8/21/20	5	5				
VIATRIS INC	11/11/20	11/20/20	6	6				
Total			\$ 868	\$ 917		\$ 5	\$	-44

Name

ALPHONSO WOODS JR & CHRISTINE WOODS

Taxpayer Identification Number

***-**-7164

T/S	Employer	Federal Wages	Federal Withheld	Soc Sec Wages
A T	COLLINGTON SERVICES LLC	40,917	5,392	43,285
B S	CONTROP USA INC	26,217	1,865	27,205
C				
D				
E				
F				
G				
H				
I				
J				
K				
L				
M				
Taxpayer		40,917	5,392	43,285
Spouse		26,217	1,865	27,205
Totals		67,134	7,257	70,490

	Soc Sec Withheld	Medicare Wages	Medicare Withheld	Soc Sec Tips	Allocated Tips	Dep Care Ben	Other, Box 14
A	2,684	43,285	628				
B	1,687	27,205	394				
C							
D							
E							
F							
G							
H							
I							
J							
K							
L							
M							
Taxpayer	2,684	43,285	628				
Spouse	1,687	27,205	394				
Totals	4,371	70,490	1,022				

	State	State Wages	State Withheld	Name of Locality	Local Wages	Local Withheld
A	MD	40,917	3,330			
B	MD	26,217	1,669			
C						
D						
E						
F						
G						
H						
I						
J						
K						
L						
M						
Taxpayer		40,917	3,330			
Spouse		26,217	1,669			
Totals		67,134	4,999			

Taxpayer Identification Number

***-**-7164

T/S		Payer	Gross Distribution	Rollover	Taxable Amount
A	T	FIDELITY INVESTMENTS INSTITUTIONAL	5,411		
B	T	THE NORTHERN TRUST CO	83,411		
C					
D					
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					
O					
			88,822		
Taxpayer					
Spouse					
Total			88,822		

	NIIT	Capital Gain Distribution	Public Safety Officer Exclusion	Federal Withholding	State Withholding	Local Withholding
A	—					
B	—			16,682		
C	—					
D	—					
E	—					
F	—					
G	—					
H	—					
I	—					
J	—					
K	—					
L	—					
M	—					
N	—					
O	—					
Taxpayer				16,682		
Spouse						
Total				16,682		

Schedule 1 (1040), Line 7 - Unemployment Compensation Received

Description	Taxpayer Amount	Spouse Amount
TAXPAYER	\$ 18,470	\$ 23,620
SPOUSE		
Total	\$ 18,470	\$ 23,620

Name

Taxpayer Identification Number

ALPHONSO WOODS JR & CHRISTINE WOODS*****-**-7164**

1. Enter the total of lines 1 through 7 of Form 1040 or 1040-SR. If filing 1040-NR, enter the total of lines 1a, 1b, and lines 2 through 7. 1. 97,380
2. Enter the amount from Schedule 1, lines 1 through 6. 2. -1,280
3. Use the line 8 instructions to determine the amount to include on Schedule 1, line 8 and enter here. Do not reduce this amount by the amount of unemployment compensation you may be able to exclude. 3. _____
4. Add lines 1, 2, and 3. 4. 96,100
5. Enter the total of line 10c of Form 1040 or 1040-SR. If filing 1040-NR, enter the amount from Form 1040-NR line 10d. 5. 300
6. Subtract line 5 from line 4. This is your modified adjusted gross income. 6. 95,800
7. Is the amount on line 6 \$150,000 or more?
☐ Yes. Stop You can't exclude any of your employment compensation
☒ No. Go to line 8
8. Enter the amount of unemployment compensation paid to you in 2020. Do not enter more than \$10,200 8. 10,200
9. If married filing jointly, enter the amount of unemployment compensation paid to your spouse in 2020. Do not enter more than \$10,200. If filing Form 1040-NR, enter -0-. 9. 10,200
10. Add lines 8 and 9 and enter the amount here. This is the amount of unemployment compensation excluded from your income. Include this amount as a negative number on Schedule 1, line 8 with the text "UCE". Complete the rest of Schedule 1 and Form 1040, 1040-SR, or 1040-NR. 10. 20,400

Name

ALPHONSO WOODS JR & CHRISTINE WOODS

Taxpayer Identification Number

***-**-7164

Child Tax Credit & Credit for Other Dependents Worksheet - Form 1040/1040-SR/1040-NR, Line 19

1. Number of qualifying children under 17 with the required social security number: <u>1</u> x \$2,000. Enter the result.	1. <u>2,000</u>
2. Number of other dependents, including qualifying children who are not under 17 or who do not have the required social security number <u>0</u> x \$500. Enter the result.	2. <u>0</u>
3. Add lines 1 and 2.	3. <u>2,000</u>
4. Enter the amount from Form 1040, 1040-SR, or 1040NR, line 11.	4. <u>117,490</u>
5. Enter the total of any exclusion of income from Puerto Rico, and amounts from Form 2555, lines 45 and 50.	5. <u>0</u>
6. Add lines 4 and 5.	6. <u>117,490</u>
7. Enter \$400,000 if married filing jointly; \$200,000 if single, married filing separately, head of household, or qualifying widow(er)	7. <u>400,000</u>
8. Is the amount on line 6 more than the amount on line 7? <input checked="" type="checkbox"/> No. Leave line 8 blank. Enter -0- on line 9. <input type="checkbox"/> Yes. Subtract line 7 from line 6. If the result is not a multiple of \$1,000, increase it to the next multiple of \$1,000.	8. <u>0</u>
9. Multiply the amount on line 8 by 5% (.05). Enter the result.	9. <u>0</u>
10. Subtract line 9 from line 3. If zero or less, stop here; you cannot take this credit.	10. <u>2,000</u>
11. Enter the amount from Form 1040, 1040-SR, or Form 1040NR, line 18.	11. <u>11,969</u>
12. Add the amounts from Schedule 3, lines 1, 2, 3 and 4, plus any amounts from Form 5695, line 30, Form 8910, line 15, Form 8936, line 23, and Schedule R, line 22. Enter the total.	12. <u>11,969</u>
13. Subtract line 12 from line 11	13. <u>11,969</u>
14. Are you claiming any of the following credits? <input checked="" type="checkbox"/> Mortgage interest credit, Form 8396 <input type="checkbox"/> Adoption credit, Form 8839 <input type="checkbox"/> Residential energy efficient property credit, Form 5695, Part I <input type="checkbox"/> District of Columbia first-time homebuyer credit, Form 8859 <input checked="" type="checkbox"/> No. Enter -0-. <input type="checkbox"/> Yes. If you are filing Form 2555, enter -0-. Otherwise, enter the amount from Child Tax Credit - Line 14 Worksheet below.	14. <u>0</u>
15. Subtract line 14 from line 13. Enter the result.	15. <u>11,969</u>
16. Child tax credit and credit for other dependents. If line 10 is more than line 15, enter the amount from line 15, otherwise, enter the amount from line 10. Enter the amount from line 16 on Form 1040, 1040-SR, or 1040-NR, line 19.	16. <u>2,000</u>

Child Tax Credit - Line 14 Worksheet

Use this worksheet only if you checked "Yes" on line 14 of the Child Tax Credit & Credit for Other Dependents Worksheet above and you are not filing Form 2555.

1. Enter the amount from line 10 of the Child Tax Credit & Credit for Other Dependents Worksheet above.	1. <u>2,000</u>
2. Number of qualifying children under age 17 with the required social security number: <u>1</u> x \$1,400. Enter the result.	2. <u>1,400</u>
3. Enter the taxable earned income from the Child Tax Credit Taxable Earned Income Worksheet.	3. <u>0</u>
4. Is the amount on line 3 more than \$2,500? <input type="checkbox"/> No. Leave line 4 blank, enter -0- on line 5, and go to line 6. <input type="checkbox"/> Yes. Subtract \$2,500 from the amount on line 3. Enter the result.	4. <u>0</u>
5. Multiply the amount on line 4 by 15% (.15) and enter the result.	5. <u>0</u>
6. On line 2 of this worksheet, is the amount \$4,200 or more? <input type="checkbox"/> No. <input type="checkbox"/> If line 2 or line 5 above is zero, enter the amount from line 1 above on line 14 of this worksheet. Do not complete the rest of this worksheet. Instead, go back to the Child Tax Credit & Credit for Other Dependents Worksheet and enter -0- on line 14, and complete lines 15 and 16. <input type="checkbox"/> If both line 2 and line 5 are more than zero, leave lines 7 through 10 blank, enter -0- on line 11, go to line 12. <input type="checkbox"/> Yes. If line 5 above is equal to or more than line 1 above, leave lines 7 through 10 blank, enter -0- on line 11, and go to line 12 below. Otherwise go to line 7.	6. <u>0</u>
7. If your employer withheld or you paid Additional Medicare Tax or Tier 1 RRTA taxes, use the Additional Medicare Tax and RRTA Tax Worksheet to figure the amount to enter; otherwise enter the total social security and Medicare taxes withheld from your pay (and your spouse's if filing a joint return). These taxes should be shown in boxes 4 and 6 of your Form(s) W-2.	7. <u>0</u>
8. Enter the total of the amounts from Schedule 1, line 14 and Schedule 2, line 5, plus any taxes identified with code "UT" on the dotted line next to Schedule 2, line 8.	8. <u>0</u>
9. Add lines 7 and 8. Enter the total.	9. <u>0</u>
10. Add the amounts from Form 1040 or 1040-SR, lines 27 and Schedule 3, line 10 or Form 1040NR, Schedule 3, line 10. Enter total.	10. <u>0</u>
11. Subtract line 10 from line 9. If the result is zero or less, enter -0-.	11. <u>0</u>
12. Enter the larger of line 5 or line 11.	12. <u>0</u>
13. Enter the smaller of line 2 or line 12.	13. <u>0</u>
14. Is the amount on line 13 of this worksheet more than the amount on line 1? <input type="checkbox"/> No. Subtract line 13 from line 1. Enter the result. <input type="checkbox"/> Yes. Enter -0-.	14. <u>0</u>

Next, complete Form 8396, Form 8839, Form 5695 (Part I), or Form 8859 where applicable.

15. Enter the total of the amounts from Form 8396, line 9, Form 8839, line 16, Form 5695, line 15 and Form 8859, line 3. Enter this amount on line 14 of the Child Tax Credit and Credit for Other Dependents Worksheet.	15. <u>0</u>
--	--------------